

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 22, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair M. Hill Hammock (ex-officio) and Director Mike Koetting

Patrick T. Driscoll, Jr. and Patricia Merryweather (Non-Director Members)

Absent: Director Heather M. Prendergast, MD, MS, MPH (1)

Additional attendees and/or presenters were:

Faran Bokhari, MD – Chair, Department of Trauma and Burn Services

Debra Carey – Deputy Chief Executive Officer of Operations

Claudia Fegan, MD – Chief Medical Officer

Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County

Beena Peters, DNP, RN, FACHE – Chief Nursing Officer

Kent Ray – Associate General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

## **II. Public Speakers**

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

## **III. Report from Chief Quality Officer**

### **A. Regulatory and Accreditation Updates (Attachment #1)**

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the Provident Hospital Accreditation Update, which included information on the subjects below. The Committee reviewed and discussed the information.

Provident Hospital Accreditation Update:

- 2019 Ambulatory Accreditation and Continuous Readiness Strategy
- The Joint Commission (TJC) Survey Readiness Strategy
- Survey Readiness Tools
- Survey Enhancements
- Suicide Prevention
- TJC Survey Updates
- Sentinel Event Alerts
- Quick Safety Alerts
- Standard Changes – Effective July 1, 2019

**III. Report from Chief Quality Officer (continued)**

**B. Metrics (Attachment #2)**

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information.

**IV. Recommendations, Discussion/Information Item**

**A. Update on Trauma Services (Attachment #3)**

Dr. Faran Bokhari, Chair of the Department of Trauma and Burn Services, provided an overview of the presentation on Trauma Services, which included information on the following items:

- Department Divisions and Sections
- Initiatives 2018
- Trauma Services: Volume and Method of Injury
- Parameters Tracked
- Trauma Metrics
- Burn Services 2018
- Rehabilitation Services
- Research and Presentations
- Initiatives 2019

**V. Action Items**

**A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)**

There were none presented for the Committee's consideration.

**B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County**

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report.

Elections of EMS officers were recently held for two (2) year terms. The results were:

President - Dr. Trevor Lewis, Department of Trauma and Burn Services  
Vice President - Dr. Lauren Smith, Department of Medicine  
Treasurer - Dr. Ashlesha Patel, Department of Obstetrics and Gynecology  
Secretary - Dr. Yadav Neha, Department of Medicine, Division of Cardiology

**V. Action Items**

**B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County (continued)**

At the recent EMS meeting, they received presentations from Pharmacy, Therapeutics, Infection Control and the Cancer Committee. He noted that the Joint Conference Committee will be convening in the near future.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

**C. Minutes of the Quality and Patient Safety Committee Meeting, February 22, 2019**

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of February 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

**D. Any items listed under Sections V and VI**

**VI. Closed Meeting Items**

- A. Medical Staff Appointments/Re-appointments/Changes
- B. Claims, Litigation and Quality and Patient Safety Matters
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996

The Committee did not recess into a closed meeting.

**VII. Adjourn**

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

There were no requests for follow-up at the meeting.

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
Friday, March 22, 2019

ATTACHMENT #1

# Provident Accreditation Update

Ronald Wyatt, MD MHA  
Chief Quality Officer

March 22, 2019





# 2019 CCH Ambulatory at Provident Hospital Accreditation Continuous Readiness Strategy

MI R 2-2-1



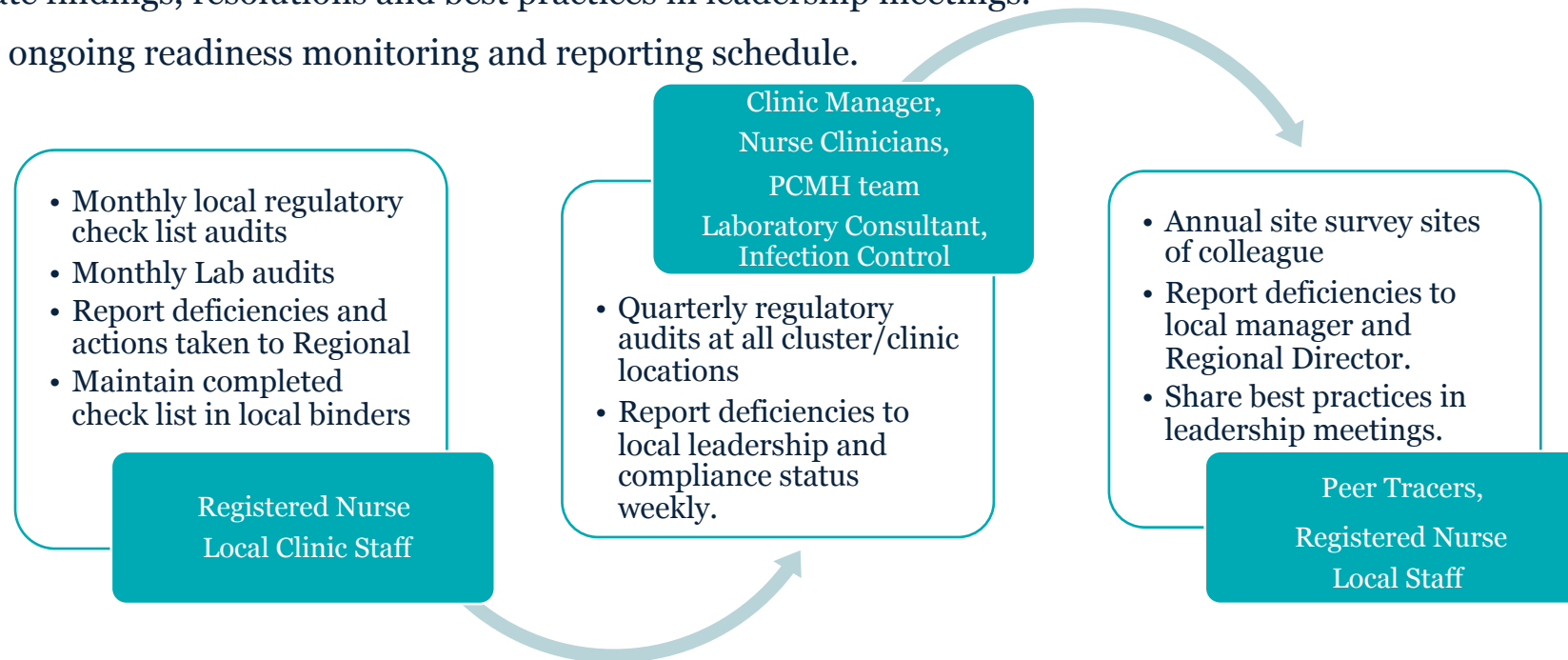
COOK COUNTY  
**HEALTH**



# 2019 Ambulatory Accreditation & Continuous Readiness Str

## 1. Establish Clinic Site Tracer Collaborative with Leadership and Staff

- Assess accreditation compliance with regulatory standards using Local staff, Clinic Manager, leadership and peer cross checks.
- Communicate findings, resolutions and best practices in leadership meetings.
- Institute an ongoing readiness monitoring and reporting schedule.



## 2. Annual/ Bi-Annual Human Resources File Tracer

- Site Orientation
- Competency (Infection Control, Laboratory, Medication Management)
- Licensure and Certification validation

## 3. Biannual Oversight Tracers

- Quality Team , EOC Rounds (Safety, Infection Control, Facilities, Pharmacy), Associate Nurse Exec./ Nursing Director





# 2019 Provident Hospital

## Accreditation

## Continuous Readiness

## Strategy



# TJC Survey Readiness Strategy

- 1. Revisit the Previous Survey Findings**
- 2. Review Most Frequently Cited Standard**
- 3. Learning Organizational approach (review Stroger findings/lessons)**
- 4. Identify New Focus Areas**

Survey Enhancements (suicide prevention, dialysis, medication compounding and high level disinfection)

Culture of Safety Questions

- 5. Hardwire New Services**

Dialysis

Critical Care and Prolonged Ventilation Services

Sleep Lab

# Survey Readiness Strategy Cont'd

## 6. Conducting Regulatory Tracers

- *Individual Tracers* - trace a patient through the organization.
- *System Tracers* - trace a specific program, i.e. infection control or medication management.
- *Program Specific* - trace a specific clinical department or high risk, high volume process/procedure.

## 7. Workforce Interviews and Training

## 8. Physical Environment Risk Assessments

## 9. Policies/Procedures Review and Updating

## 10. Include Joint Commission readiness agenda items in department meetings

## 11. Disseminate information to the workforce

# Survey Readiness Tools

1. TJC Regulatory Standards
2. TJC Regulatory Compliance reports
3. Provident Joint Commission Regulatory Guide
4. Survey readiness tips/updates
5. Regulatory Checklist

# Survey Enhancements



COOK COUNTY  
**HEALTH**

# TJC Survey Enhancements

Purpose: Survey prep, reduce risk and prevent adverse events.

- I. Suicide Prevention
- II. High Level Disinfection
- III. Sterile Medication Compounding
- IV. Dialysis



**4-1-1 on Survey Enhancements**



# Suicide Prevention

- I. Addressing Ligature Risks (Risk assessment)
  - A. Patient rooms
  - B. Patient bathrooms
  - C. Protocol for removing objects
- II. Screening and Assessments
  - A. General screening
  - B. Detailed screening when necessary
- III. Additional requirements
  - A. 1:1 Direct observation or “Line of Sight”
  - B. Education and training for staff observing patients
  - C. Educating visitors
  - D. Monitoring bathroom use
  - E. Monitoring visitors



# TJC Survey Updates



# Sentinel Event Alerts

- **#60 Developing a Reporting Culture**
  - Establish trust that corrective action will be taken
  - Remove fear of unwarranted punitive action
  - Near misses identify potential weaknesses in the system
- **#47 Radiation risks of diagnostic imaging and fluoroscopy- Updated**
  - Eliminating avoidable radiation exposure
  - Original release was August 2011
  - References to fluoroscopy, staff education and the need for a Radiation Safety Officer

## Quick Safety Alerts

- Protecting patients and others from influenza in the health care environment
- De-escalation in health care
- Accurate Patient Identification (Information gathering and matching)

# Standard changes- Effective July 1, 2019

## **Provision of Care**

PC.03.01.01- EP#5- A registered nurse supervises peri-operative nursing care.

- Supervision of staff performing circulatory duties during surgery

## **National Patient Safety Goal**

NPSG.03.05.01- Anticoagulation Therapy

NPSG.15.01.01- Reduce the risk for suicide

- 1:1 monitoring of patients
- Removing objects that can be removed
- Assessing objects introduced by visitors
- Use safe transportation procedures



# Thank you.



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
Friday, March 22, 2019

ATTACHMENT #2

# QPS Quality Dashboard



March 22, 2019





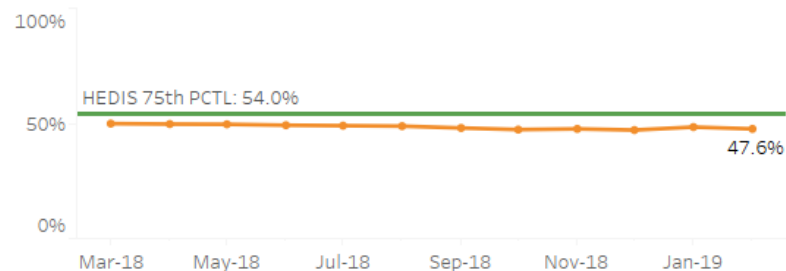


# COOK COUNTY HEALTH

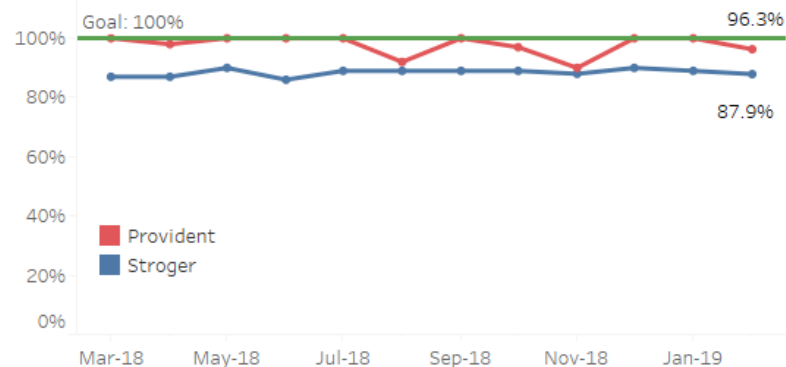
Quality Dashboard  
March 22, 2019

## Health Outcomes

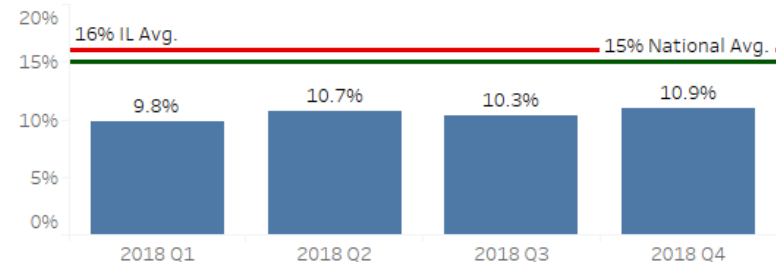
### HEDIS - Diabetes Management: HbA1c < 8%



### Core Measure - Venous Thromboembolism (VTE) Prevention

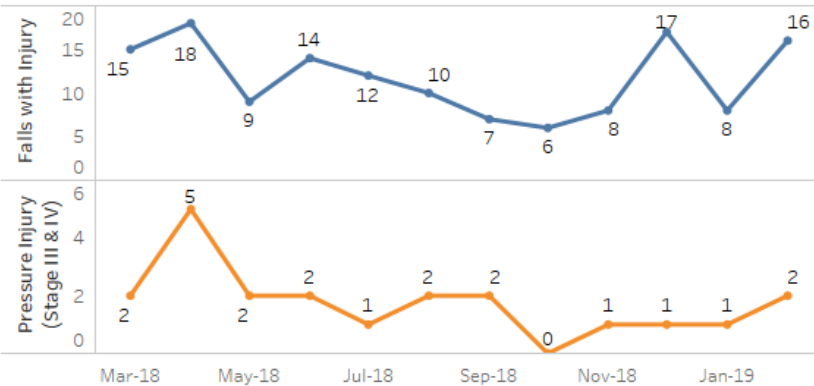


### 30 Day Readmission Rate

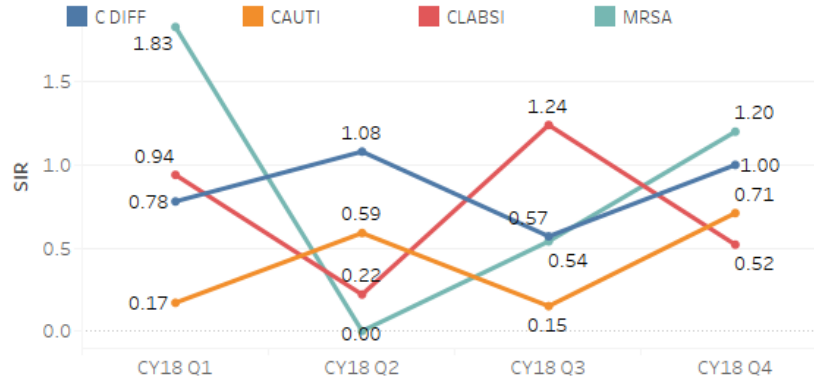


## Patient Safety

### Hospital Acquired Conditions



### Hospital Acquired Infections

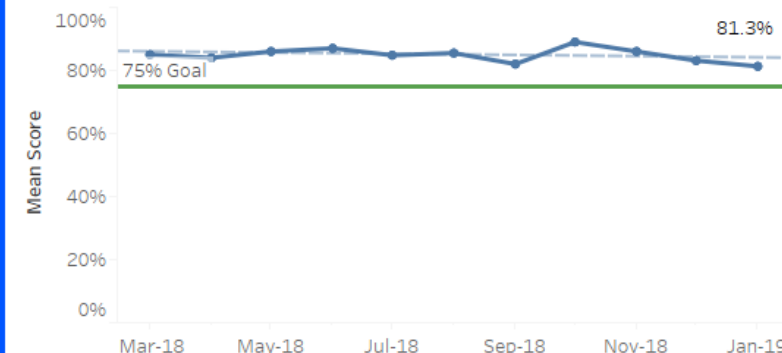


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

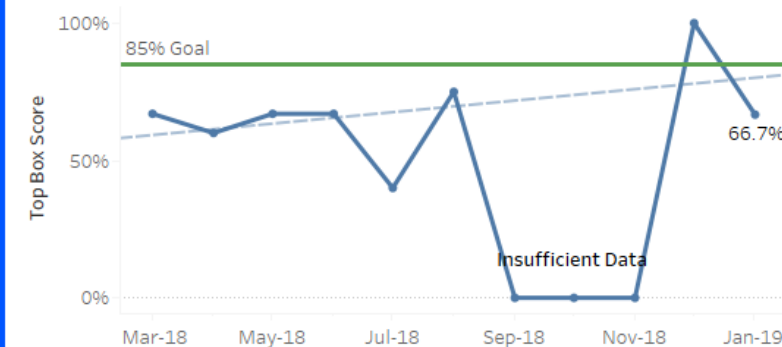
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
C DIFF	2	6	11	4	5	4	2	10	4	4	6	2
CAUTI	1	1	2	1	0	1	0	0	1	3	1	1
CLABSI	1	0	1	0	2	3	0	0	0	2	1	0
MRSA	1	0	0	0	0	1	0	0	1	0	1	0

## Utilization

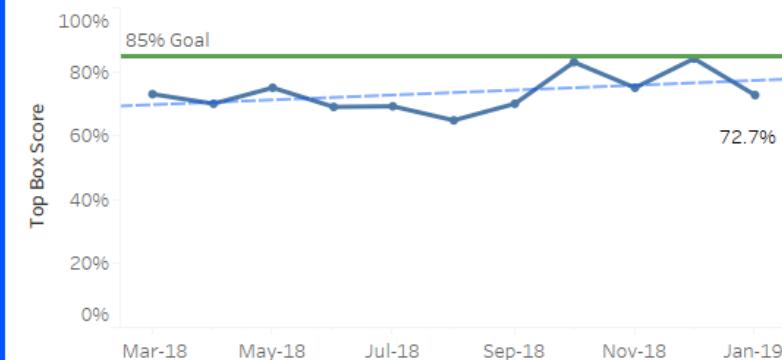
### CCHC--Overall Clinic Assessment



### Provident--Willingness to Recommend Hospital

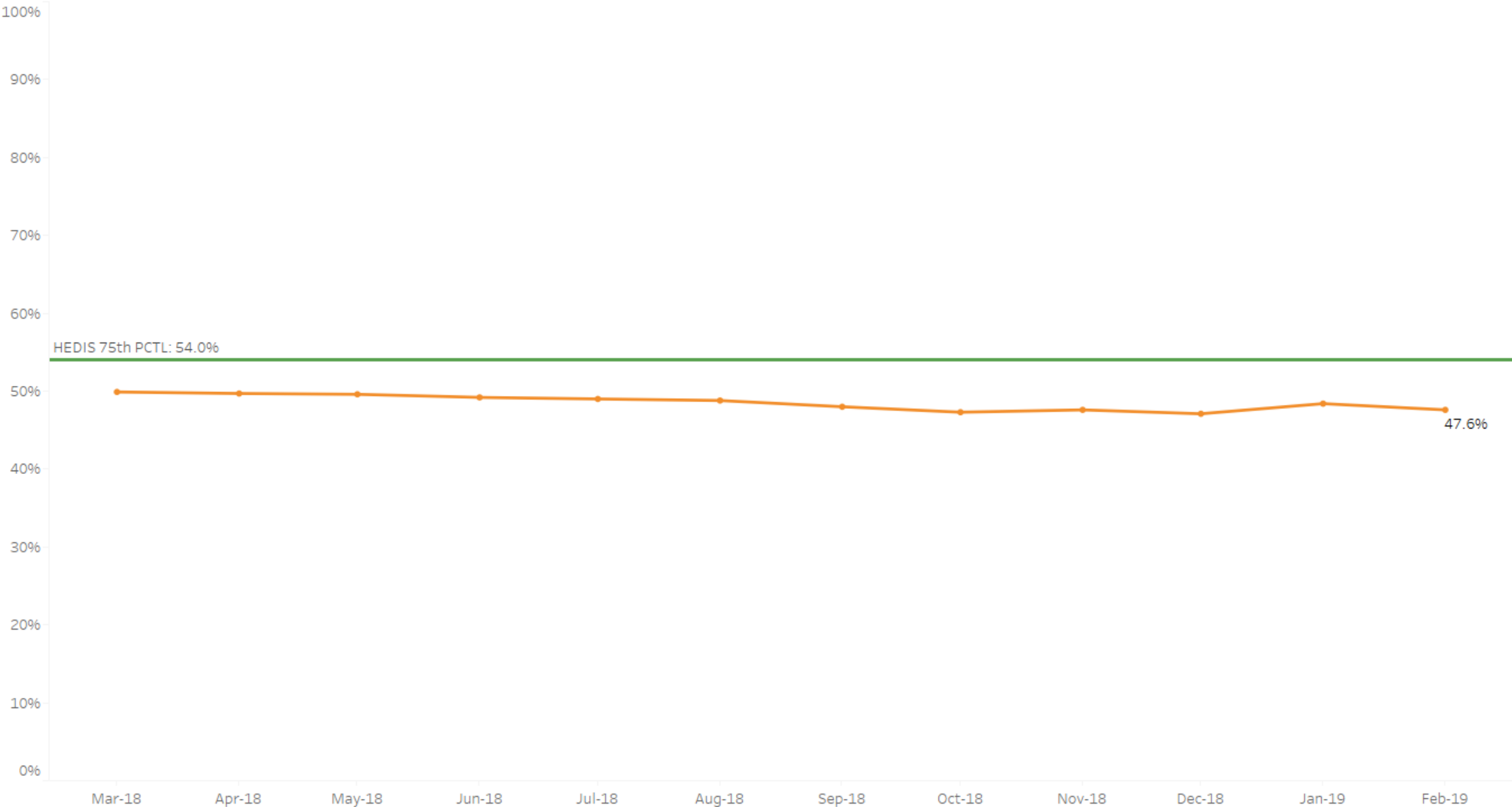


### Stroger--Willingness to Recommend Hospital

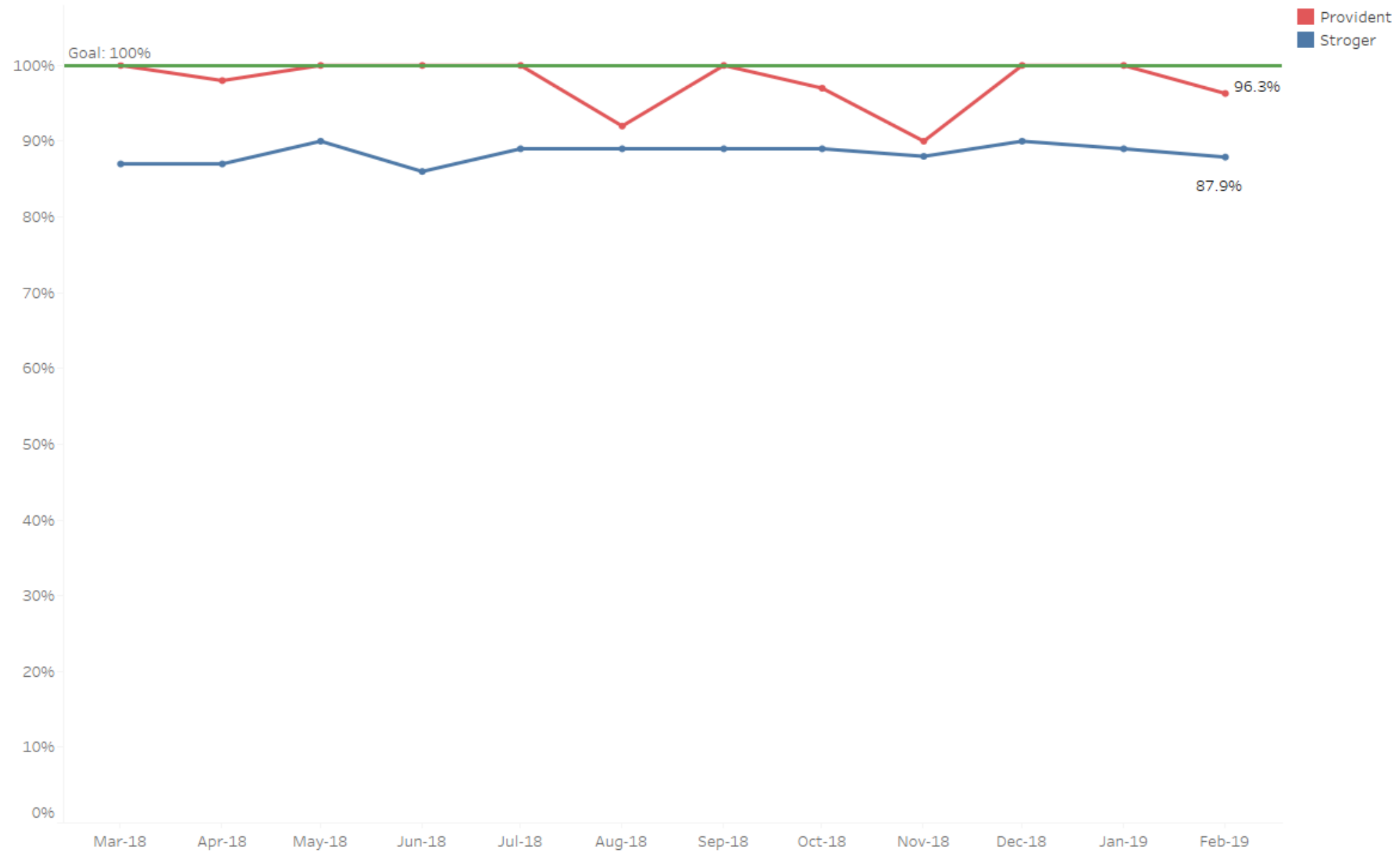




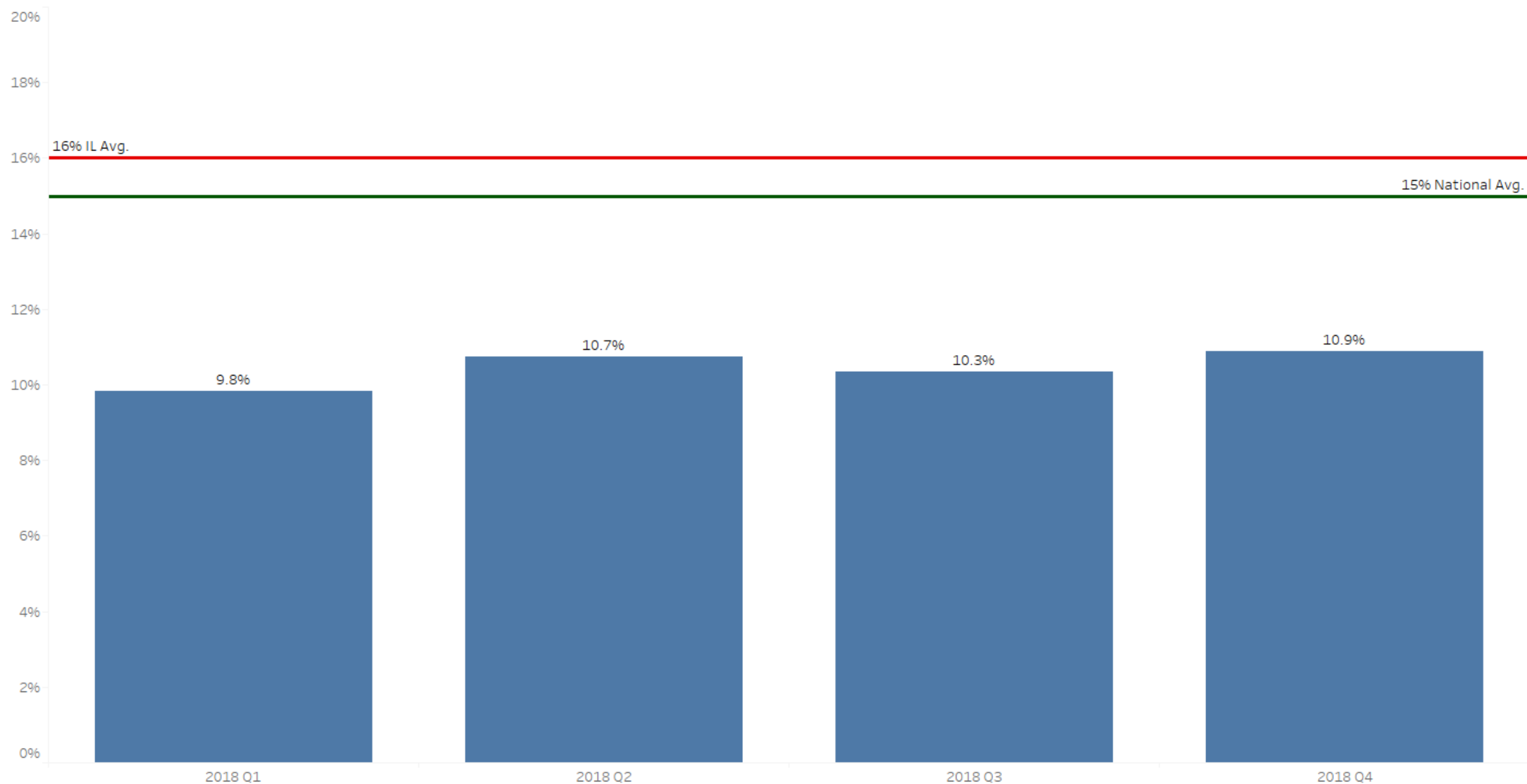
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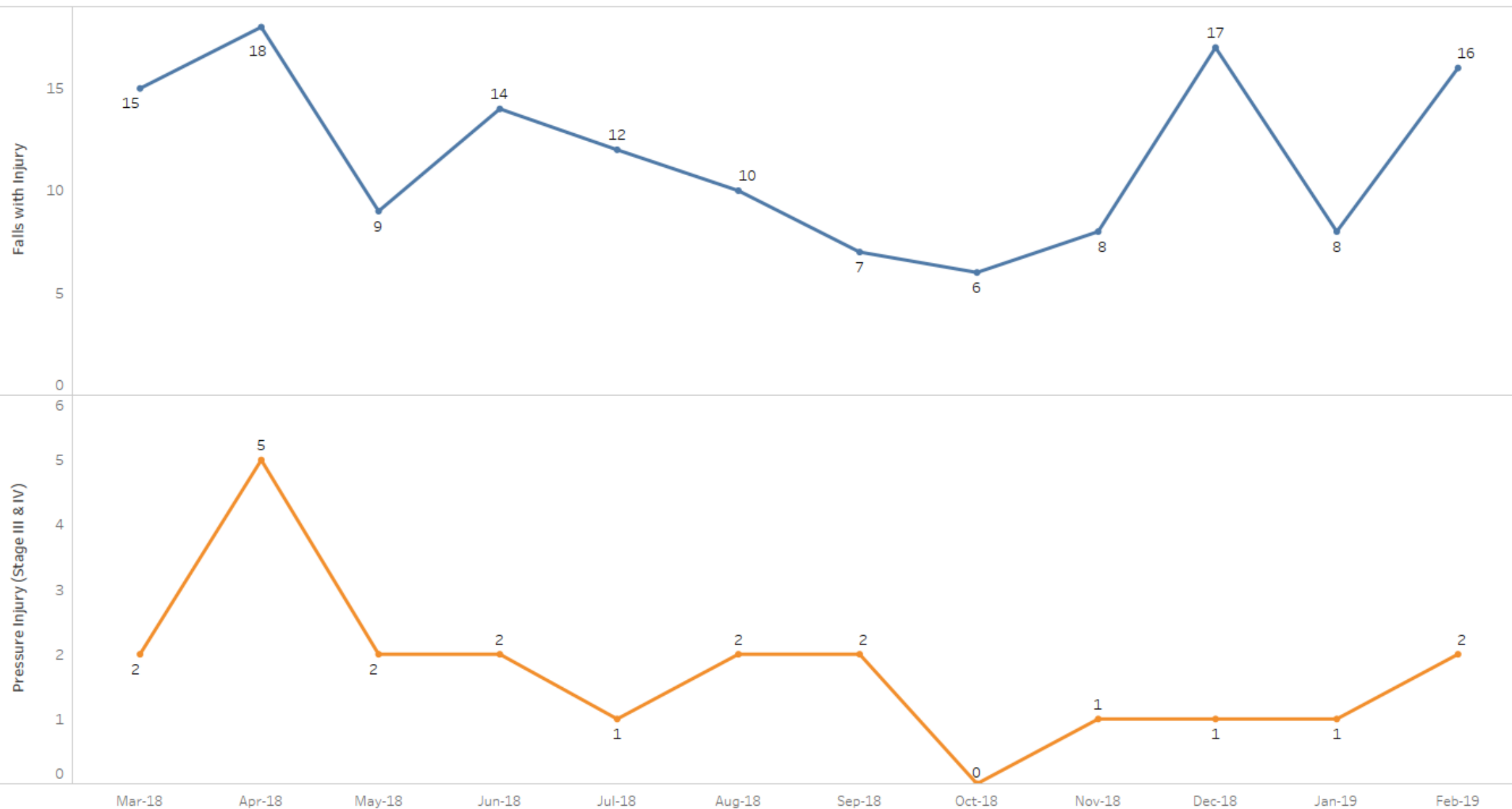
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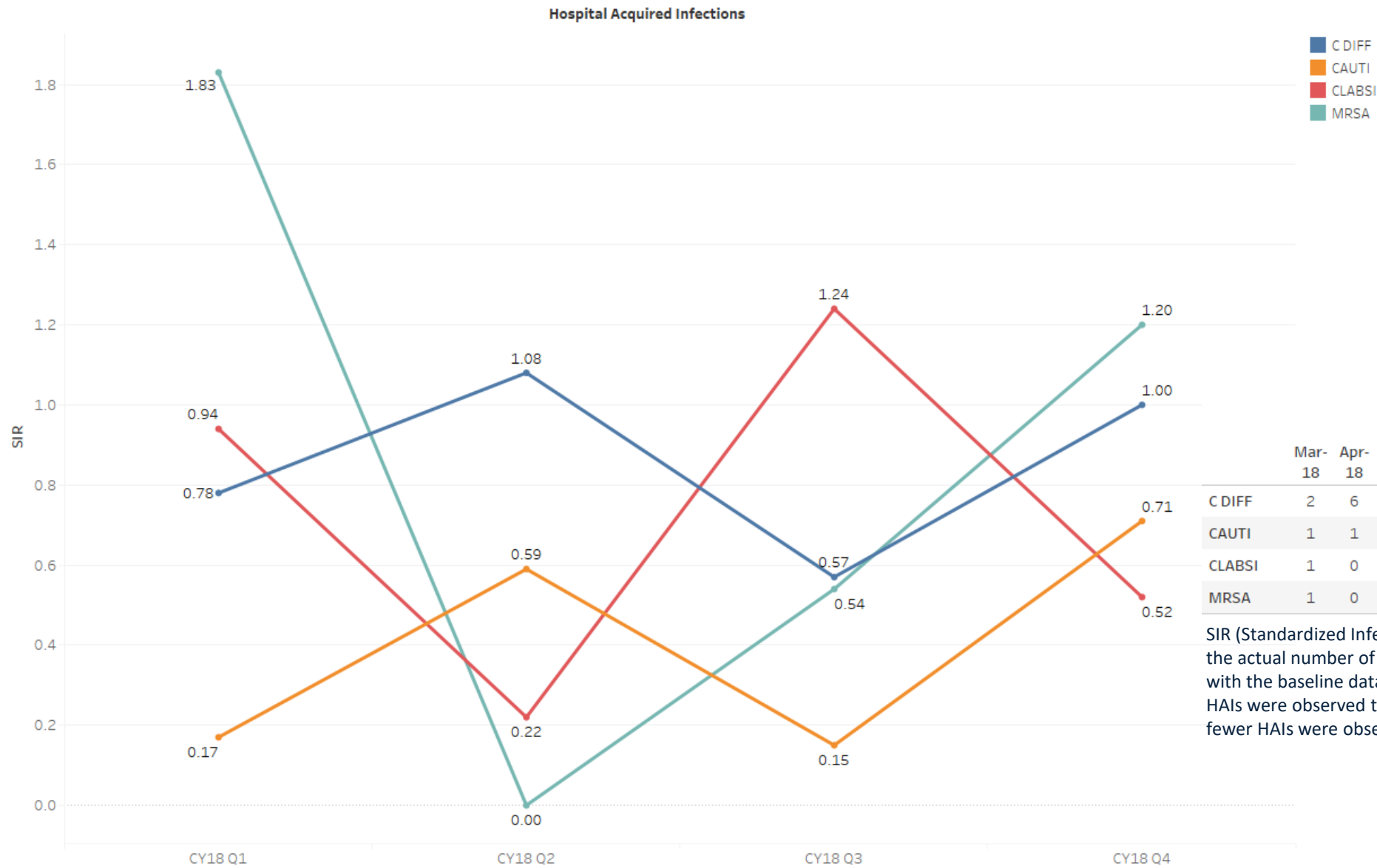


### 30 Day Readmission Rate



### Hospital Acquired Conditions



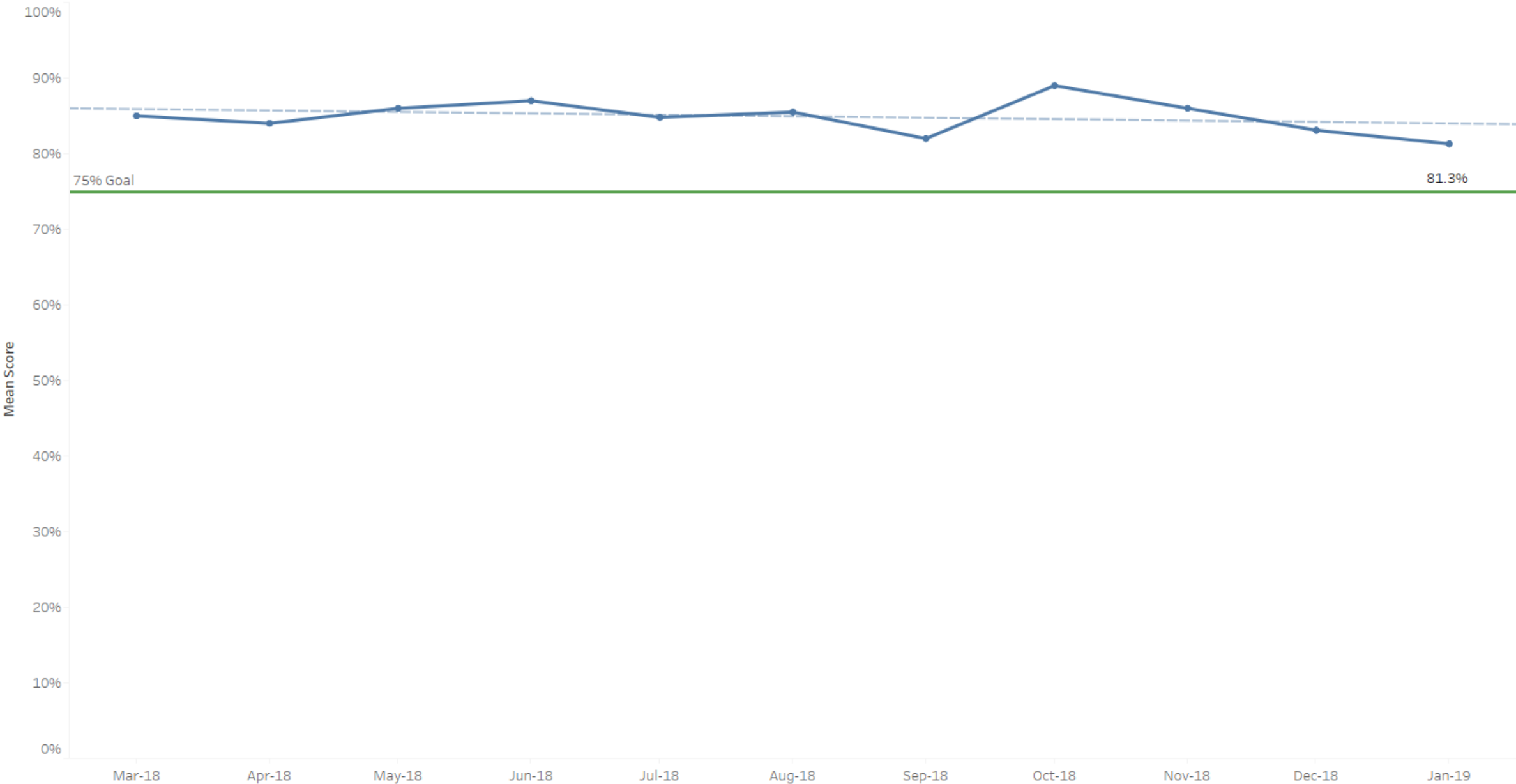


	Hospital Acquired Infections											
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
C DIFF	2	6	11	4	5	4	2	10	4	4	6	2
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CLABSI	1	0	1	0	2	3	0	0	0	2	1	0
MRSA	1	0	0	0	0	1	0	0	1	0	1	0

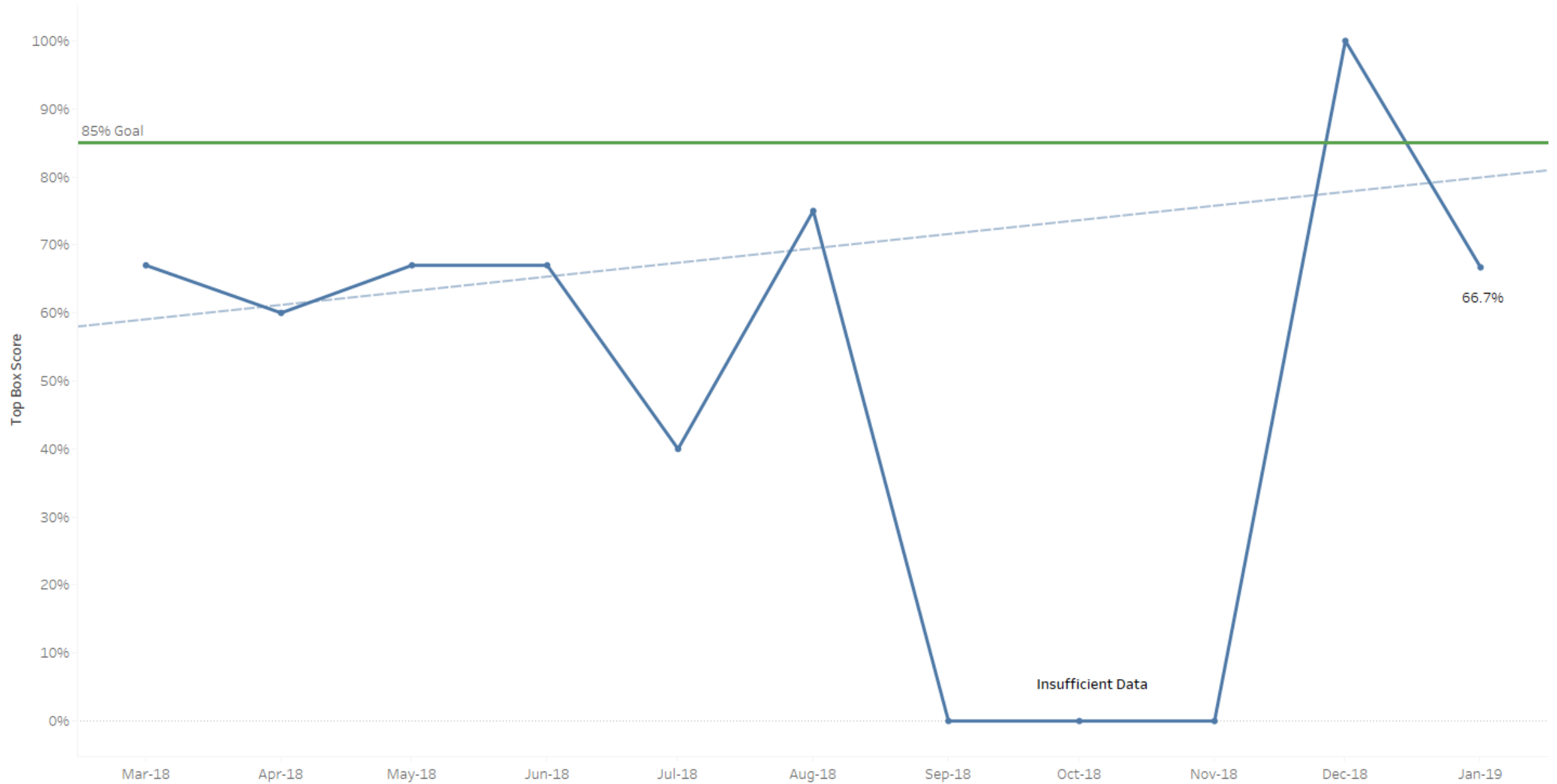
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CCHC--Overall Clinic Assessment

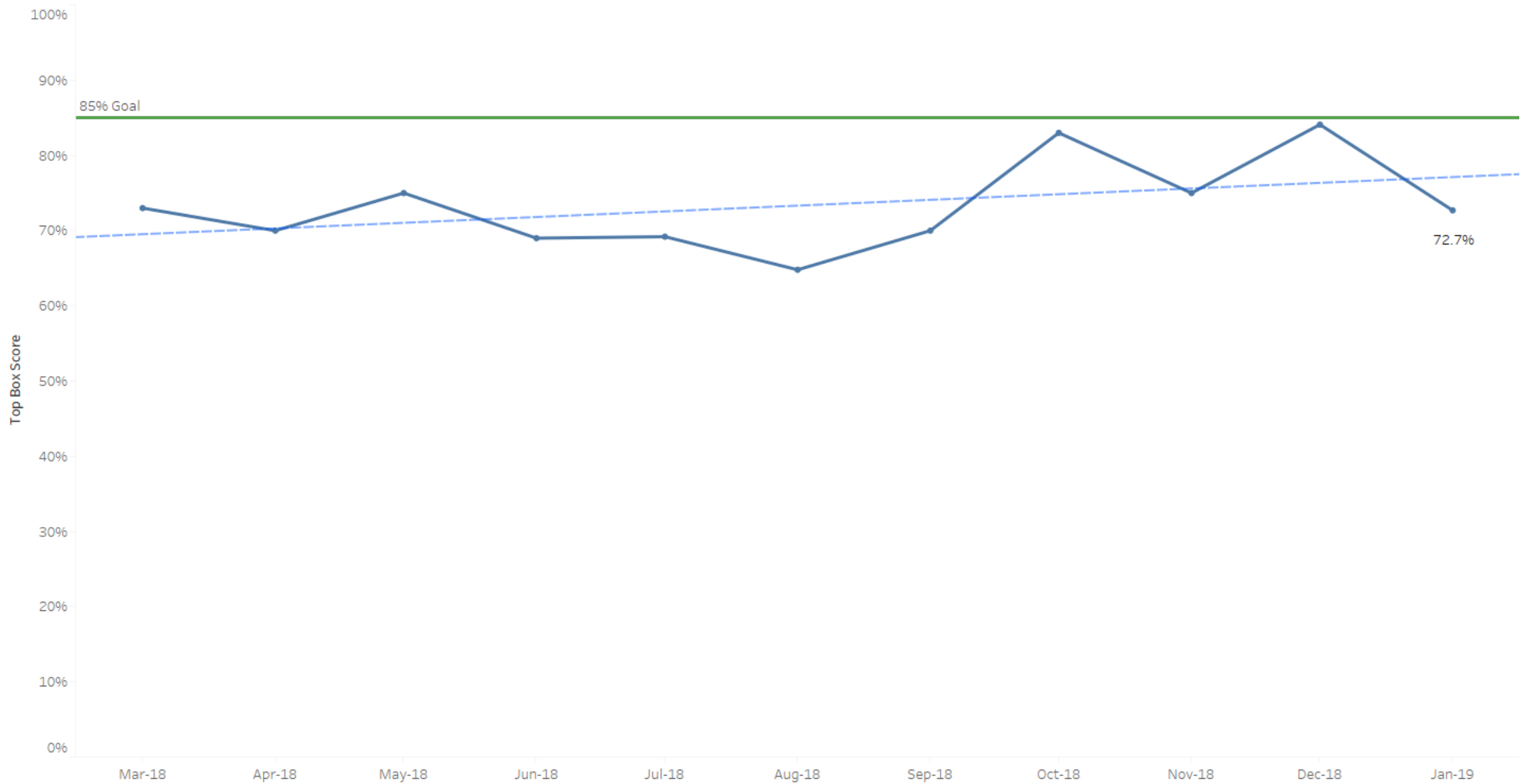


Provident--Willingness to Recommend Hospital





# Stroger--Willingness to Recommend Hospital



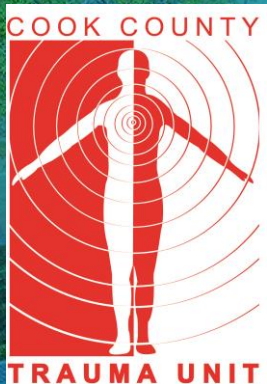
Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
Friday, March 22, 2019

ATTACHMENT #3

# Dept of Trauma/Burn Surgery/PM&R 2018 Year in Review

Dr. Faran Bokhari, Chairperson

March 22, 2019



# Divisions and Sections

## Department Chairperson

Trauma Surgery Admin

Pre-Hospital and Resuscitation

Burn Surgery

Surgical Critical Care Units (Trauma and Burn)

Research

Quality

Prevention

Rehabilitation

## Dr. Faran Bokhari

Dr. Frederic Starr

Dr. Andrew Dennis

Dr. Stathis Poulakidas

Dr. Thomas Messer

Dr. Leah Tatebe

Dr. Caroline Butler

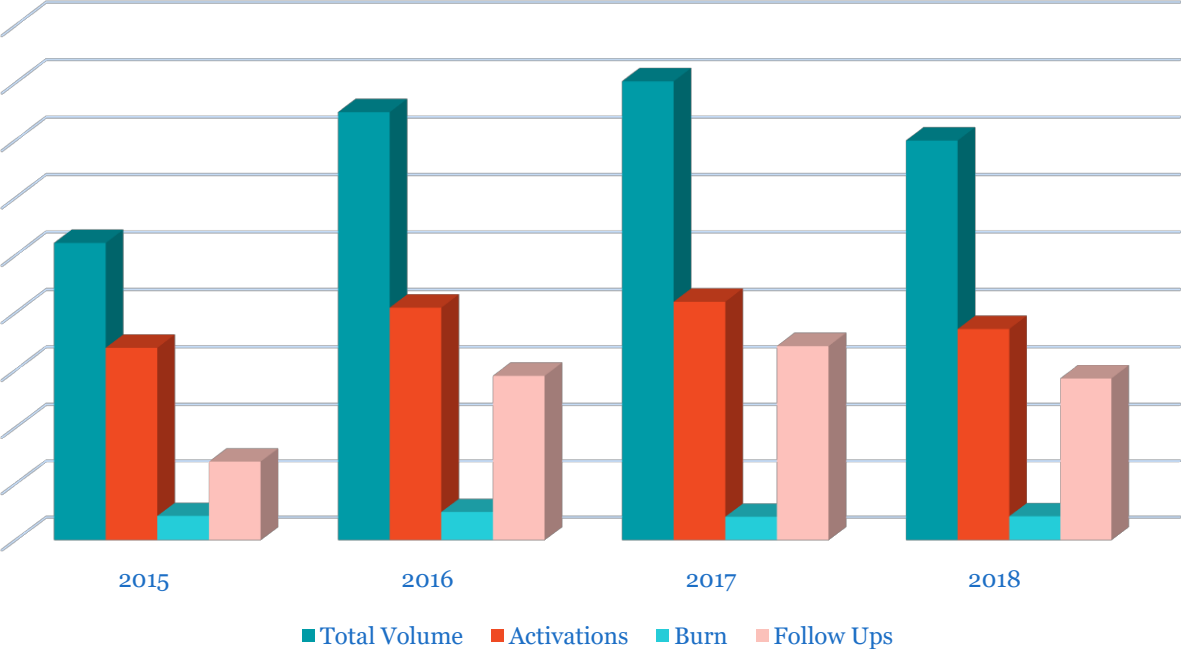
Rev. Carol Reese

Dr. Tess McCarthy

# Initiatives 2018

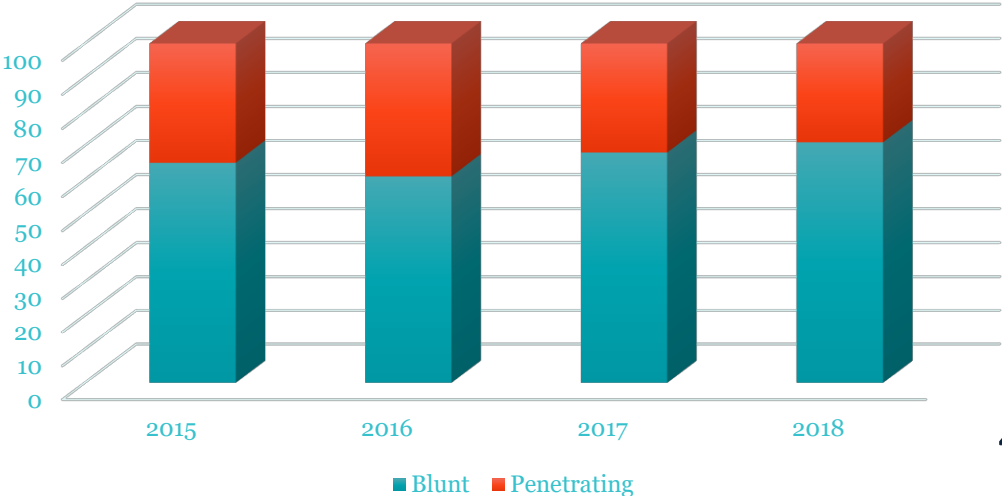
- Quality and benchmarking
- IDPH level 1 verification-achieved 2017-2021
- American Burn Association verification-achieved 2017-2020
- American College of Surgeons level 1 verification-target 2019-2020-in process
- Research-expansion and alignment with QA
- Hiring completed

# Trauma Services: Volume & Method of Injury



There were 60% more trauma activations in 2015 compared to 2014

## Mechanism of Injury



# Parameters Tracked

- |   |   |
|---|---|
| <input type="checkbox"/> Acute Kidney Injury                                    | <input type="checkbox"/> Osteomyelitis  |
| <input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS)             | <input type="checkbox"/> Unplanned Return to the OR                             |
| <input type="checkbox"/> Cardiac Arrest with CPR                                | <input type="checkbox"/> Unplanned Admission to the ICU                         |
| <input type="checkbox"/> Decubitus Ulcer  | <input type="checkbox"/> Severe Sepsis  |
| <input type="checkbox"/> Deep Surgical Site Infection                           | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Drug or Alcohol Withdrawal Syndrome                    | <input type="checkbox"/> Abdominal Compartment Syndrome (Retired 2011)          |
| <input type="checkbox"/> Deep Vein Thrombosis (DVT)                             | <input type="checkbox"/> Abdominal Fascia Left Open (Retired 2011)              |
| <input type="checkbox"/> Extremity Compartment Syndrome                         | <input type="checkbox"/> Base Deficit (Retired 2011)                            |
| <input type="checkbox"/> Graft/prosthesis/flap failure (Retired 2016)           | <input type="checkbox"/> Bleeding (Retired 2011)                                |
| <input type="checkbox"/> Myocardial Infarction                                  | <input type="checkbox"/> Coagulopathy (Retired 2011)                            |
| <input type="checkbox"/> Organ / Space Surgical Site Infection                  | <input type="checkbox"/> Coma (Retired 2011)                                    |
| <input type="checkbox"/> Pneumonia (Retired 2016)                               | <input type="checkbox"/> Intracranial Pressure (Retired 2011)                   |
| <input type="checkbox"/> Pulmonary Embolism                                     | <input type="checkbox"/> Systemic Sepsis (Retired 2011)                         |
| <input type="checkbox"/> Stroke / CVA   | <input type="checkbox"/> Wound Disruption (Retired 2011)                        |
| <input type="checkbox"/> Superficial Surgical Site Infection                    | <input type="checkbox"/> Catheter Associated Urinary Tract Infection (CAUTI)    |
| <input type="checkbox"/> Unplanned Intubation                                   | <input type="checkbox"/> Central Line Associated Bloodstream Infection (CLABSI) |
| <input type="checkbox"/> Urinary Tract Infection (Retired 2016)                 | <input type="checkbox"/> Ventilator Associated Pneumonia (VAP)                  |
| <input type="checkbox"/> Catheter-Related Blood Stream Infection (Retired 2016) |   |

- ☐ Absence of Hourly Vitals
- ☐ SDH/EDH with Craniotomy > 4 hrs after Arrival
- ☐ Comatose Patient Left ED before Definitive Airway Established
- ☐ Reintubation within 48 hrs of Extubation
- ☐ Abdominal Injuries and Hypotension without a Laparotomy within 1 hr of Arrival
- ☐ Laparotomy > 4 hrs after Arrival
- ☐ Nonfixation of Femoral Diaphyseal Fracture
- ☐ GSW to Abdomen Managed Non-operatively
- ☐ Initiation of Debridement of Open Tibial Fx > 8 hrs after Arrival
- ☐ Abdominal, Thoracic, Vascular, or Cranial Surgery > 24 hrs after Arrival
- ☐ HIV Positive



Year	2018
Total	100
Trauma Act.	53%
Cat. 1	1/3
Cat. 2	2/3
Blunt	70%
Penetrating	30%
Other	11%
DOA	1%
DIE	1%
Death in House	1%
Encounters	47%
Txr In	27%
Txr Out	0.1%
T & R	45%
Admitted	55%

# Trauma Metrics

## Non SVC Admits

3 – Inapprop 22– OK 1% of admits

## Transfer Out

1-IR 2-ECCMO 4-Family Request

## Under/Over Triage

3 – Over 2 – Under

## Time To CT

(for Head Injury with GCS<13  
or significant mechanism)

Avg:58 mins (n:187)

## NFS Compliance

Classification –84%

Activation Time –75%

Pre-hospital Activation –81%

Patient Arrival –98%

Trauma Present –93%

## Time to OR

(for emergent trauma  
cases)

71 mins (n:145)

## Emergent Airways

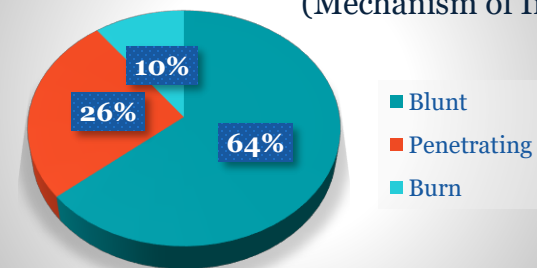
94-airways 8-cricks (7%),  
2-anesthesia, 1 –esophageal

## Open Fracture to ABX

49 Average 34 Median

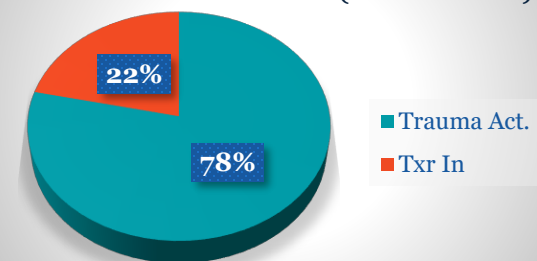
## MOI

(Mechanism of Injury)

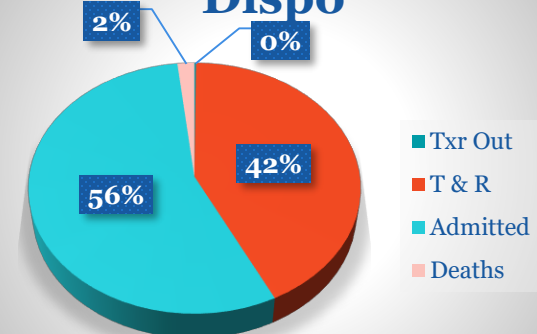


## TXR IN

(Transfers In)



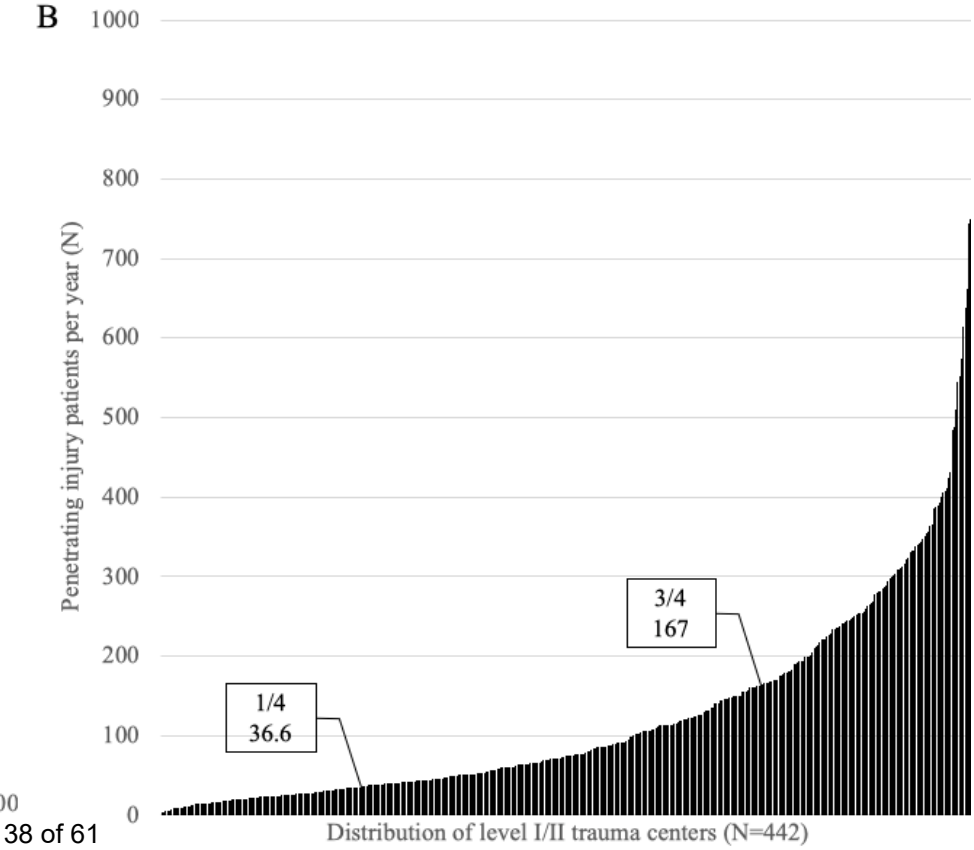
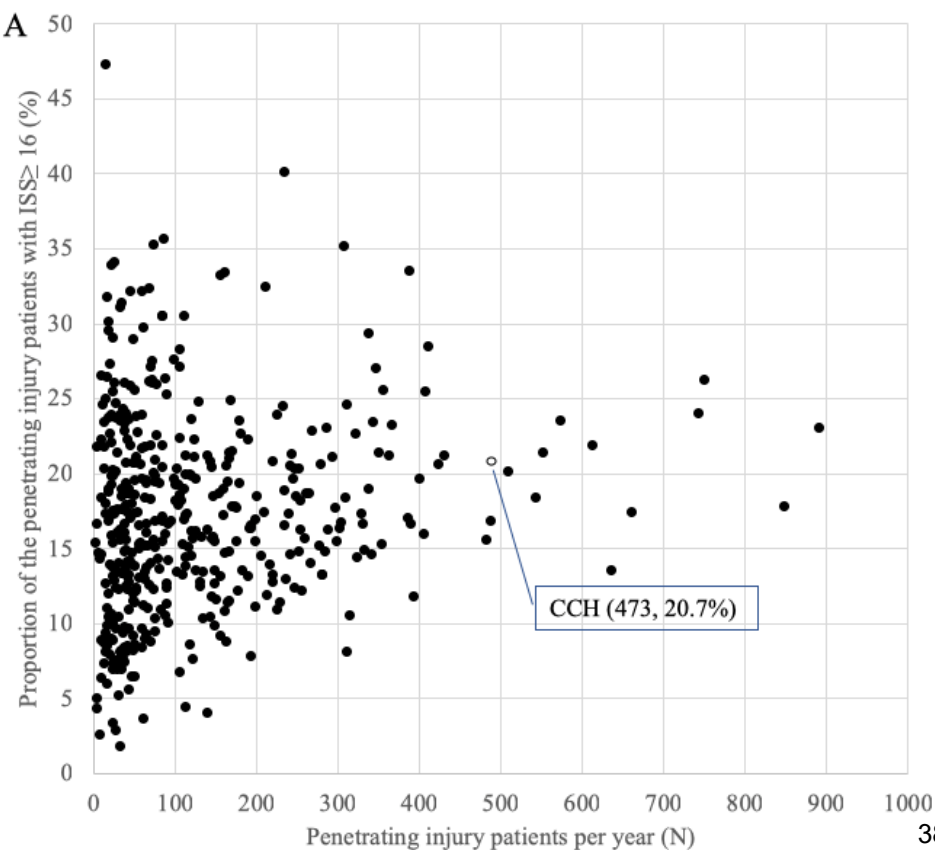
## Dispo



# Journal of Trauma and Acute Care Surgery

## Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume Penetrating Trauma Centers Have Lower Mortality

Accepted March 2019 Journal Of Trauma



# Journal of Trauma and Acute Care Surgery

## Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume Penetrating Trauma Centers Have Lower Mortality

- CCH compared to 448 national trauma centers
- Significantly more severely injured patients than National Trauma Databank
- Survival top 7.7% for severely injured patients

# Journal of Trauma and Acute Care Surgery

## Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume Penetrating Trauma Centers Have Lower Mortality

Table 1. Comparisons between NTDB (level I/II trauma centers) and CCH

	NTDB (N=587,183/year)	CCH (N=1,597/year)	<i>p</i> -value <sup>#</sup>
General demographics			
Mechanism			<0.001
Penetrating (N, %)	55,696 (9.5%)	473 (29.6%)	
Non-penetrating (N, %)	531,487 (90.5%)	1,124 (70.4%)	
Overall mortality (N, %)	16476 (2.8%)	36 (2.3%)	<0.001
Penetrating injuries			
Mortality (N, %)	2,226 (4.0%)	17 (3.6%)	<0.001
Severe penetrating injuries (ISS≥16) (N, %)	10,187 (18.3%)	98 (20.7%)	<0.001
Mortality of severe penetrating injuries (N, %)	2,015 (19.8%)	7 (7.4%)	<0.001

# Chi-square test



# Burn Services

2018

- Same Metrics As Trauma
- Graft Failure Rate <1% (10% Threshold)
- F/U Rate Of Admitted Patients: 75% (Meets Threshold)
- Total Burns 2018: 1200; Wounds 300

# Rehabilitation Services

**3 Locations:** Stroger/Oak Forest/Provident

**15% Increase** Over 2017- Numbers and Billings

**Total Evaluations:/Interventions:**

Inpatient 27k/ Outpatient 32k = 59k

8 Occupational Therapists

20 Physical Therapists

3 Speech Language Pathologists

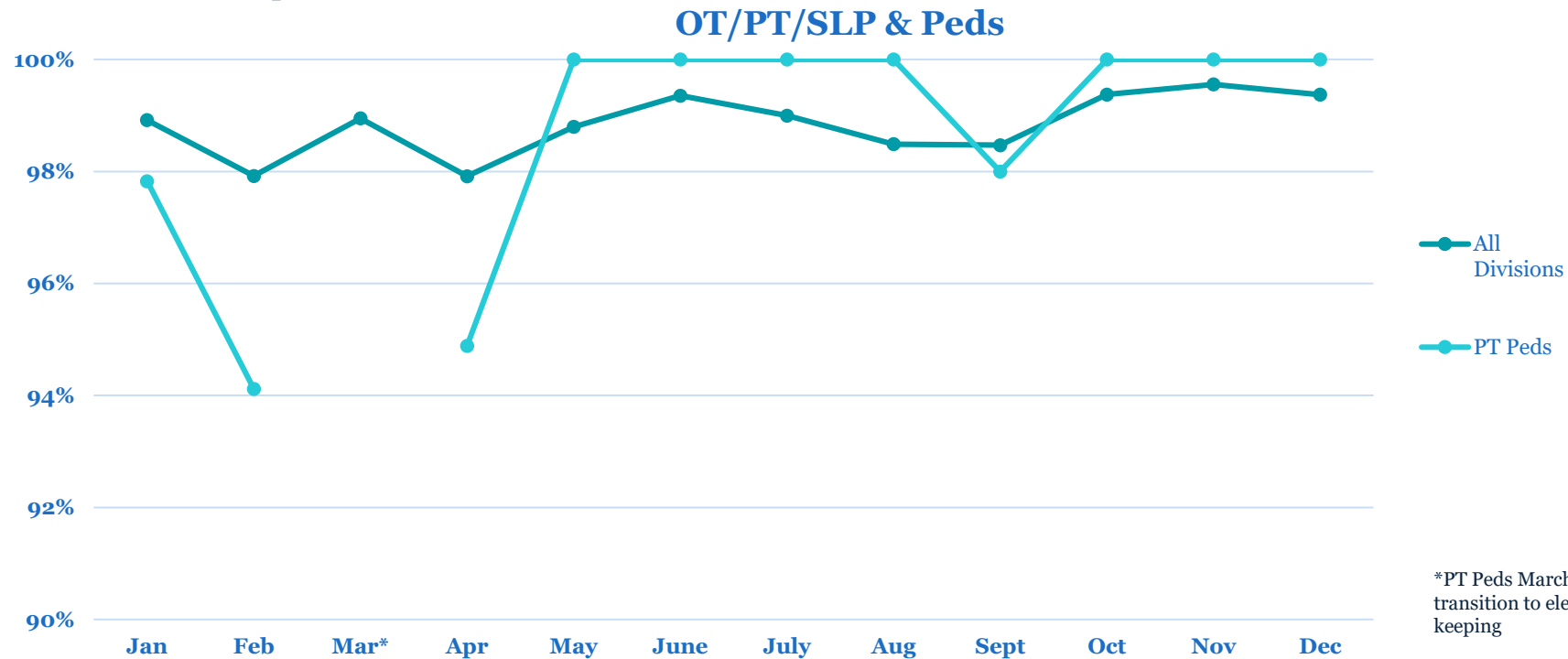
**More Evaluations Per Therapist Than Industry Standard**

# Rehabilitation Services

## Quality Metrics

1. Timeliness of Inpatient Evaluations
2. Patient Satisfaction with Outpatient Services
3. Billing/G-Code Compliance
4. Pain Management Compliance

# Timeliness of Inpatient Evaluations



## Purpose

- 95% of all OT/PT/LSH inpatients seen within 24 hours of physician referral to provide timely and effective patient care.

## Items Measured

- Days of the week
- # of student interns
- # of total FTEs for each discipline
- Est. treatment capacity per FTE
- # of evaluations waiting at start
- # of new evaluation orders received after day began
- # of IPs discharged before evaluation completed

## Analysis

- Department has met 98% compliance this quarter (except for PT Pediatrics in Feb, Mar & Apr).

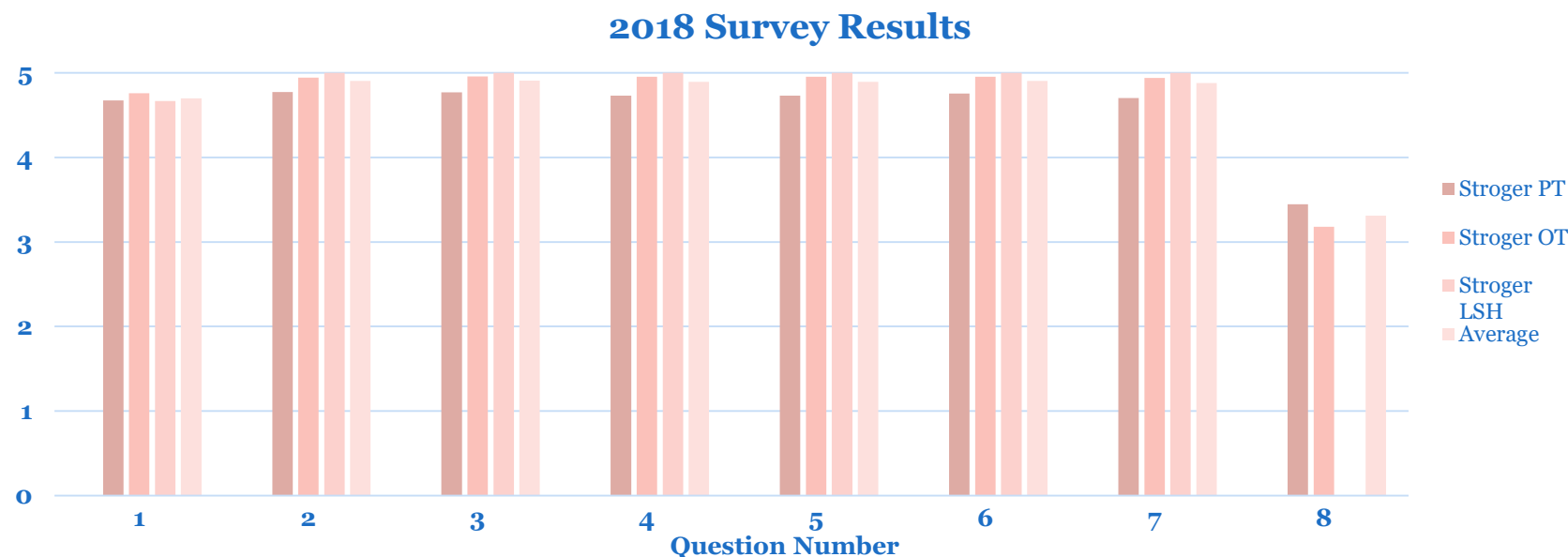
## Action

- Implemented training and assignment of additional pediatric staff





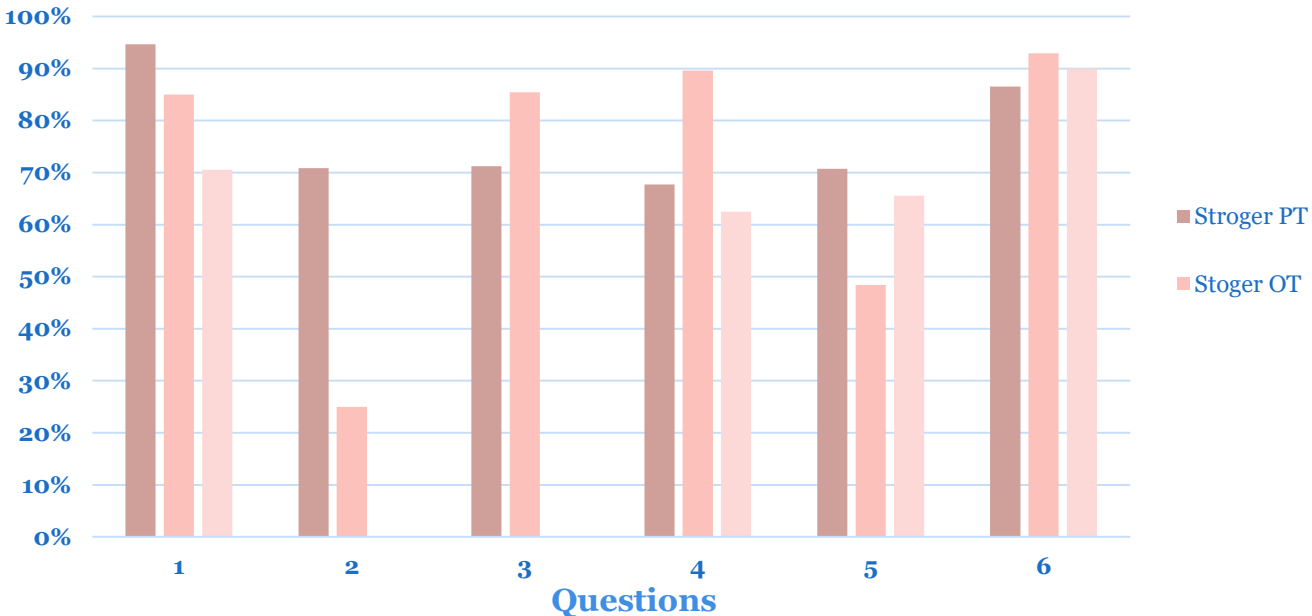
# Outpatient Satisfaction Survey Results – OT/PT/LSH



Purpose /Goal	Items Measured	Analysis	Action
<ul style="list-style-type: none"><li>• Ensure that patients are satisfied with encounters with OP OT/PT/LSH staff.</li><li>• Average patient rating 4 or greater on 6 out of 8 items measured</li></ul>	<p>Q1: The front desk is helpful</p> <p>Q2: Therapist explains the treatment received</p> <p>Q3: Therapist treats me with respect</p> <p>Q4: Therapist listens to my concerns</p> <p>Q5: Therapist answers my questions</p> <p>Q6: Therapist explains my home program</p> <p>Q7: I would return to this clinic for future therapy services</p> <p>Q8: I found the group class helpful (PT service only)</p>	<ul style="list-style-type: none"><li>• Department is at compliance</li><li>• Limited data for LSH due to staffing shortages and reduced outpatient visits</li></ul>	<ul style="list-style-type: none"><li>• Continue to emphasize the patient experience with staff.</li><li>• Implement measures to improve survey response rate</li></ul>

# G-Code/Billing Compliance – OT/PT/LSH

G-Code/Billing Compliance 2018



Purpose /Goal

- Ensure that IP and OP OT/PT/LSH staff document appropriately to meet regulatory and reimbursement.
- 90% or greater on all items measured

Items Measured

1. G-Code included on evaluation
2. G-Code included on 10<sup>th</sup> visit, when applicable (N/A for LSH ever)
3. Code included on re-evaluation
4. G-Code included on discharge
5. G-Code improvement noted with Rx
6. Power Bill with Correct G-Codes

Analysis

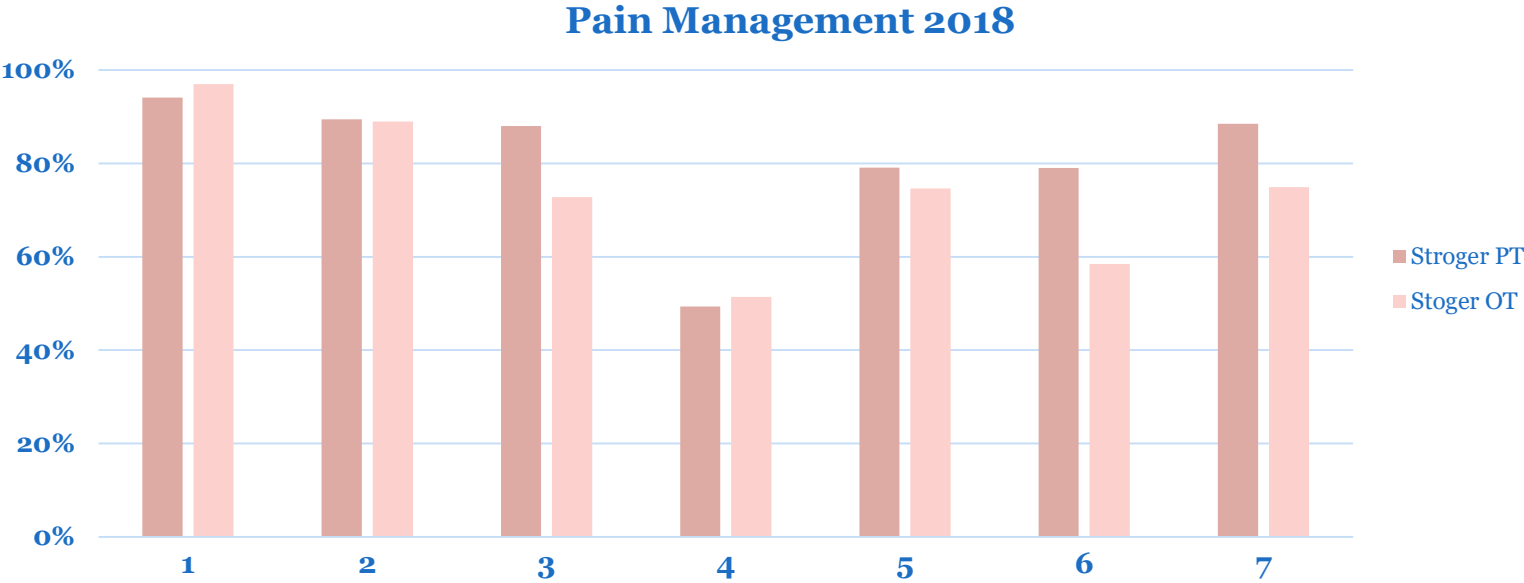
- Department has not consistently met benchmark
- Certain services have limited follow up visits so item doesn't apply.
- Few patients have 10 visits. Therefore, a miss has a disproportional effect

Action

- Implemented training for newly assigned staff



# Pain Management – OT/PT/LSH



**Purpose /Goal**

- Ensure that IP and OP OT/PT staff document monitor and manage pain.
- 90% or greater on all items measured

**Items Measured**

1. Pain score on initial eval
2. Pain Score on Follow-ups
3. Location factors noted
4. Duration factors noted
5. Influencing factors noted
6. Home exercise program developed
7. Pain levels decreased or were the same at discharge

**Analysis**

- Department did not meet benchmark
- Some items non-applicable to certain services

**Action**

- Implemented training for newly assigned staff



# Research & Presentations

- (FB)**      **Bokhari F**, Fu CY, Bajani F. (2018) The Lethal Effect of Obesity on Trauma Laparotomy. Annual Meeting of Western Surgical Association, San Jose del Cabo, Mexico. Nov 3-6 2018
  
- (FB)**      **Bokhari F**, Bajani F, Fu CY. (2018) Risk Factors of Complications and Mortality in Truncal Burn Patients: Timing to Skin Grafting for Truncal Burn Patients. Annual Meeting of Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018
  
- (FB)**      **Bokhari F**, Fu CY, Bajani F. (2018) To Achieve Level-I Status or not? That is the question. A comparative analysis of Level-I center performance in the US. Scientific Assembly of American College of Emergency Physicians (ACEP), San Diego, CA. Oct 1-4, 2018
  
- (FB)**      **Bokhari F**. Fu CY. (2018) Right Hospital, Right Patients: Penetrating Trauma Patients Centralized to High Volume Penetrating Trauma Centers Have Lower Mortality. Poster presentation at the Annual Meeting of American Public Health Association (APHA), San Diego, CA. Nov 10-14, 2018
  
- (FB)**      **Bokhari F**. Fu CY. (2018) Obesity as a New Trauma Triage Criterion: Reduced Complication Rates at LEVEL-I Trauma Centers. Poster presentation at the Annual Meeting of American Public Health Association (APHA), San Diego, CA. Nov 10-14, 2018
  
- (FB)**      **Bokhari F**. Fu CY. Bajani, F. (2018) Morbid Obesity is Protective in Blunt Abdominal Trauma. Clinical Congress of American College of Surgeons (ACS), Boston, MA. MA Oct 21-25, 2018
  
- (FB)**      **Bokhari F**. Fu CY. (2018) Geriatric Abdominal Trauma Patients: A Nationwide Analysis of Complicated Cases. 31<sup>st</sup> Panamerican Congress of Trauma, Cartagena, Colombia. Aug 14-17, 2018
  
- (FB)**      **Bokhari F**. Bajani, F. Fu CY. (2018) The Role of Respiratory Comorbidities in the Management of Facial Burn Patients. Midwest Region Burn Conference, Minneapolis, MI. Oct10-13, 2018

# Research & Presentations

- (T) Kramer KZ, Poulakidas SJ, **Bokhari F.** (2018) Use of Etherified, Regenerated Cellulose Hemostatic Agent on the Donor Site of a Pediatric Burn Patient Requiring Split-Thickness Skin Grafting. Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018
- (T) Xu T, Kramer KZ, Koeck E, Poulakidas SJ, **Bokhari F.** (2018) Minimizing Intraoperative Hemorrhage in Wound Debridement using a Topical Collagen-Based Hemostatic Agent. Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018
- (T) Xu T, Kramer KZ, Koeck E, Poulakidas SJ, **Bokhari F.** (2018) Topical Collagen Matrix Aids in the Healing of Burn Wounds. Poster presentation at Midwest Region Burn Conference, Minneapolis, MN. Oct10-13, 2018
- (T) Kramer KZ, Kingsley S, Boron JG, **Bokhari F.** (2018) An Assessment of the 2012 Trauma Triage Recommendations. Poster presentation at the American College of Surgeons, Boston, MA. Oct 21-25, 2018
- (T) Kramer K, Fu CY, Bajani F, Boron J, Kaminsky M, Schlanser V, Starr F, Poulakidas S, Messer T, Koeck E, Dennis A, Hollister H, Luftman K, **Bokhari, F.** (2018) Management of Blunt Hollow Viscus Injury: An Urgent but not Emergent Surgical Disease. Trauma Association of Canada Toronto, Canada. Feb 22-23, 2018
- (T) Koeck E, Schlanser V, Bajani F, Mis J, Fu CY, Kramer K, Luftman K, Hollister H, Poulakidas S, Boron J, Messer T, Kaminsky M, Dennis A, Starr F, **Bokhari F.** (2018) Base Deficit Does Not Predict Mortality in Penetrating Trauma Patients Who Receive Massive Transfusion Protocol. Trauma Association of Canada, Toronto, Canada. Feb 22-23 2018
- (T) Schlanser V, Koeck E, Fu CY, Bajani F, Boron J, Dennis A, Kaminsky M, Kramer K, Poulakidas S, Starr F, **Bokhari F.** (2018) **Base Deficit in Penetrating Trauma Does Not Always Predict Blood Products Transfused in MTP Protocols.** Poster presentation at the Trauma Association of Canada (TAC), Toronto, Canada. Feb 22-23 2018



# Initiatives 2019

- American College of Surgeons certification
- QA benchmarking with national bodies-trauma/burns/physical medicine rehabilitation
- Expansion of service lines
- Prominent national organizational presence
- Collaborative growth with CCH depts - surgery, anesthesia, radiology, medicine, peds, pathology etc.

# Thank you.



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
Friday, March 22, 2019

ATTACHMENT #4





**COOK COUNTY  
HEALTH**



Toni Preckwinkle  
President, Cook County Board of Commissioners  
John Jay Shannon, MD  
Chief Executive Officer, Cook County Health

Deb Santana  
Secretary to the Board  
Cook County Health

Date: March 15, 2019

Dear Members of the Quality and Patient Safety Committee of  
the CCH Board,

Please be advised that the Executive Medical Staff Committee  
of John H. Stroger Jr., Hospital of Cook County, approved the  
attached list of medical staff action items Tuesday, March 12,  
2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD  
President, Executive Medical Staff

# John H. Stroger, Jr. Hospital of Cook County



**TO:** Quality and Patient Safety Committee

**FROM:** Trevor Lewis, MD  
EMS President

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective March 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

## Initial Physician Applications:

Name	Category	Department / Division	Appointment Term
McLeod, Yvonne DDS	Active	Oral Health	March 22, 2019 through March 21, 2021
Meehan, Timothy MD	Voluntary	Emergency Medicine/Toxicology	March 22, 2019 through March 21, 2021
Mostafa, Gamal MD	Voluntary	Trauma	March 22, 2019 through March 21, 2021
Saini, Abhimanyu, MD	Active	Medicine/Cardiology	March 22, 2019 through March 21, 2021
Wroblewski, Igor, MD	Active	Medicine/Hospital Medicine	March 22, 2019 through March 21, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MARCH 22, 2019

### Reappointment Applications Physicians:

#### Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Slyvka, Roman, MD	Active	Anesthesiology	March 12, 2019 through September 11, 2019

#### Department of Correctional Health:

Name	Category	Division	Reappointment Term
Garbharran, Sharad MD	Active	Psychiatry	May 18, 2019 through May 17, 2021

#### Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Dyer, Sean MD	Active		May 19, 2019 through May 18, 2021
Nelson, Michael MD	Active		May 17, 2019 through May 16, 2021

#### Department of Family Medicine:

Name	Category	Division	Reappointment Term
DeBiase, Norbert MD	Active		April 10, 2019 through April 9, 2021
Im, Pil Bin MD	Active		April 21, 2019 through April 20, 2021
Shah, Chiragi MD	Active		April 21, 2019 through April 20, 2021

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ON MARCH 22, 2019

**Department of Medicine**

Name	Category	Division	Reappointment Term
Abaid, Homer De Guia, MD	Active	Infectious Disease	May 17, 2019 through May 16, 2021
Andablo, Araceli, MD	Active	General Medicine	April 11, 2019 through April 10, 2021
Black, Stephanie, MD	Voluntary	Infectious Disease	April 17, 2019 through April 16, 2021
Bangayan, Lorraine Y., MD	Active	Cardiology	May 17, 2019 through May 16, 2021
Hadley, Indira S., MD	Active	Rheumatology	April 14, 2019 through April 13, 2021
Lenhardt, Richard, MD	Active	PCCM	May 26, 2019 through May 25, 2021
Piette, Warren W., MD	Voluntary	Dermatology	April 28, 2019 through April 27, 2021
Rafiq, Muhammad, MD	Active	General Medicine	May 20, 2019 through May 19, 2021
Saeed, Saba N., MD	Consulting	Neurology	April 21, 2019 through May 20, 2021
Shah, Sejal, MD	Active	General Medicine	May 19, 2019 through May 18, 2021
Trick, Williams E., MD	Active	General Medicine	April 18, 2019 through April 17, 2021
Wong, Alton C. T., MD	Consulting	Hematology/Oncology	April 15, 2019 through April 14, 2021

**Department of Oral Health:**

Name	Category	Division	Reappointment Term
Coelho, Giselle DMD	Consulting		May 17, 2019 through May 16, 2021
Taylor, Brenda DMD	Active		May 26, 2019 through May 25, 2021

**Department of Pediatrics:**

Name	Category	Division	Reappointment Term
Fricchione, Marielle MD	Voluntary		March 22, 2019 through March 21, 2021
Jandeska, Sara MD	Voluntary	Nephrology	April 21, 2019 through April 20, 2021
Simpson, Karen MD	Active	Adolescent Medicine	April 21, 2019 through April 20, 2021

**Department of Psychiatry:**

Name	Category	Division	Reappointment Term
Kleinman, Amanda MD	Consulting	Psychiatry	April 13, 2019 through April 12, 2021

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ON MARCH 22, 2019

**Department of Surgery:**

Name	Category	Division	Reappointment Term
Abdelhady, Khaled, MD	Consulting	Cardiothoracic	April 21, 2019 through April 20, 2021
Patrianakos, Thomas D., DO	Active	Ophthalmology	May 17, 2019 through May 16, 2021
Suffern, Jennifer L., DPM	Active	Podiatry	May 17, 2019 through May 16, 2021
Wille, Mark A., MD	Active	Urology	May 17, 2019 through May 16, 2021

**Medical Staff Request for Additional Privileges:**

Name	Department/ Division	Additional Privileges
Crowley, Richard MD	Surgery/Neurosurgery	Radiology Privileges

**Initial Application for Non-Medical Staff:**

Name	Category	Department/ Division	Appointment Term
Tyler Davis-Sandfoss, CRNA	Nurse Anesthetist	Anesthesiology	March 22, 2019 through March 21, 2021
Lukose (Kanikunnel), Meriam PA-C	Physician Assistant	Medicine/Cardiology	March 22, 2019 through March 21, 2021
Peculis, James F., PA-C	Physician Assistant	Surgery/Urology	March 22, 2019 through March 21, 2021

**Renewal of Privileges for Non-Medical Staff:**

Name	Category	Department/ Division	Appointment Term
Abualta, Watan, PA-C	Physician Assistant	Surgery/Urology	April 21, 2019 through April 20, 2021
Fuentes, Harold Ph.D.	Clinical Psychologist	Psychiatry	May 26, 2019 through May 25, 2021
Jacob, Ancy, NP	Nurse Practitioner	Medicine/General Medicine	April 21, 2019 through April 20, 2021
Patel, Priya V., PA-C	Physician Assistant	Surgery/Neurosurgery	April 21, 2019 through April 20, 2021
Ruiz, Natalia Psy.D.	Clinical Psychologist	Psychiatry	May 12, 2019 through May 11, 2021

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ON MARCH 22, 2019

**Non-Medical Staff Request for Additional Privileges:**

Name	Department/ Division	Additional Privileges
Patel, Vandana CNP	Pediatrics/Child Protective Svcs	OB/Gyn Privileges



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**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MARCH 22, 2019**



**COOK COUNTY  
HEALTH**

**Toni Preckwinkle**  
President, Cook County Board of Commissioners

**John Jay Shannon, MD**  
Chief Executive Officer, Cook County Health

Deborah Santana  
CCH Secretary to the Board  
1950 W. Polk Street, Room 9106  
Chicago, IL 60612

March 8, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on March 8, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD  
Provident Hospital of Cook County  
Vice President, Medical Staff  
Presiding Chair, Medical Executive Committee



# Provident Hospital of Cook County



**TO:** Quality and Patient Safety Committee

**FROM:** Marlon Kirby, MD  
Vice President, Medical Executive Committee

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 3/8/2019

Medical Staff Appointments/Reappointments Effective March 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

## New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Jones, Anngell, MD	Voluntary	General Surgery	March 22, 2019 thru March 21, 2021
Wroblewski, Igor, MD	Affiliate	Internal Medicine	March 22, 2019 thru March 21, 2021

## New Business

Reappointment Applications Physicians:			
Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Ahmed, Wasay, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Lenhardt, Richard, MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Poku, Caroline, A., MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Shariff, Ruhi, R. MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Smith, Patrika, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021

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**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MARCH 22, 2019



**Department of Pediatrics:**

<b>Name</b>	<b>Category</b>	<b>Department/Specialty</b>	<b>Appointment Term</b>
Simpson, Karen, MD	Affiliate	Pediatrics	April 21, 2019 thru April 20, 2021

**Department of Surgery:**

<b>Name</b>	<b>Category</b>	<b>Department/Specialty</b>	<b>Appointment Term</b>
Murphy, Adam B., MD	Affiliate	Urology	April 20, 2019 thru April 19, 2021
Patrianakos, Thomas D., DO	Affiliate	Ophthalmology	May 17, 2019 thru May 16, 2021
Suffern, Jennifer L., DPM	Affiliate	Podiatry	May 17, 2019 thru May 16, 2021

**Provisional To Full:**

<b>Name</b>	<b>Department/ Division</b>	<b>Discussion</b>	<b>Recommendation</b>
Ahmed, Wasay, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Bressler, Joy, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Clark, Peter, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Datta, Swati, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Davidovich, Michael, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Dixon, Kimberly, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Farfan Mantilla, Nathalie, MD	Surgery/Colon Rectal	File reviewed and presented with no issues identified.	Approved
Haratau, Ioana, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Imran, Muhammad, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Jabbar, Umair, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Kudaravalli, Padma, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Lee, Jhee, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Leeka, Deepak, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Licht, Sherry, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Mahapatra, Ena, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Mohiuddin, Reshma, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Norlock, Frances, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
O'Brien, John, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Poku, Caroline, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Ruiz, Natalia PsyD	Psychiatry	File reviewed and presented with no issues identified.	Approved
Shariff, Ruhi, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved
Smith, Patrika, MD	Internal Medicine	File reviewed and presented with no issues identified.	Approved

CCHHS

**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON MARCH 22, 2019**